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CONFIRMATION NO. 6804

<b>SERIAL NUMBER</b> 10/691,187	<b>FILING OR 371(c) DATE</b> 10/22/2003 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3763	<b>ATTORNEY DOCKET NO.</b> PF01104 US
<b>APPLICANTS</b> Sheldon B. Moberg, Thousand Oaks, CA; Ian B. Hanson, El Segundo, CA;				
<b>** CONTINUING DATA *****</b> <i>CDR 11/21/2002</i> This application is a CIP of 09/698,783 10/27/2000 PAT 6,800,071 which is a CON of 09/429,352 10/28/1999 PAT 6,248,093 which claims benefit of 60/106,237 10/29/1998				
<b>** FOREIGN APPLICATIONS *****</b> <i>CDL 11/21/2002</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/21/2004</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>11/21/2002</i> 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Christophe D. Kharab</i> <i>CDL</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 26	<b>TOTAL CLAIMS</b> 31
<b>INDEPENDENT CLAIMS</b> 4				
<b>ADDRESS</b> MEDTRONIC MINIMED, INC. 18000 Devonshire Street Northridge, CA91325-1219				
<b>TITLE</b> Method and apparatus for detecting errors, fluid pressure, and occlusions in an ambulatory infusion pump				
<b>FILING FEE RECEIVED</b> 1054	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	